

The Bureau of Primary Health Care

The People We Serve ... The People We Are

Opening the Door to Managed Care

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Health Resources & Services Administration

Bureau of Primary Health Care

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Bethesda, MD 20814

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November 1995

This document was developed and produced by Doyle Niemann and Elizabeth Vieth with the Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Public Health Service, U.S. Department of Health and Human Services.



DEPARTMENT OF HEALTH & HUMAN SERVICES
BUREAU OF PRIMARY HEALTH CARE

Public Health Service

Health Resources and
Services Administration
Bethesda MD 20814

November 27, 1995

Dear Colleague:

I am pleased to introduce the publication entitled Opening the Door to Managed Care, which describes the Bureau of Primary Health Care's (BPHC) Managed Care Program. The Managed Care Program is designed to help Federally Qualified Health Centers (FQHCs) and other BPHC-supported programs develop, implement and participate in managed care arrangements.

Managed care is playing an increasingly important role in the delivery of health care across the country, including those individuals receiving care through the Medicaid program. Bureau-supported primary care delivery sites are in turn responding to the challenge of participating effectively in the managed care environment.

The BPHC's comprehensive Managed Care Program uses experts from the managed care industry to provide FQHCs with the technical skills and know-how to successfully operate in the managed care arena. This document describes the Managed Care Program including: training and technical assistance, integrated service network support, self-assessment tools, collaborative initiatives with other agencies and ongoing evaluation.

The BPHC's Managed Care Program assists primary care providers to the underserved in the successful transition from fee-for-service to managed care, allowing BPHC-supported programs to continue serving the most vulnerable and medically needy populations. If you would like to learn more about the program, please contact Rhoda Abrams at 4350 East-West Highway, 7th Floor, Bethesda, Maryland 20814 or she can be reached at (301) 594-4060.

Sincerely yours,

Marilyn H. Gaston, M.D.
Assistant Surgeon General
Director

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Opening the Door to Managed Care

The Bureau of Primary Health Care (BPHC) has developed a comprehensive managed care program designed to provide the training, technical assistance and financial support necessary for Federally Qualified Health Centers (FQHCs) to successfully implement and participate in managed care programs. This includes FQHCs operating under the Community and Migrant Health Center Program, the Health Care for the Homeless Program, the Public Housing Primary Care Program, as well as programs supported by the Ryan White Title III(b) HIV Early Intervention Services and the National Health Service Corps (NHSC).

As states across the country move to implement managed care programs for individuals receiving care through the Medicaid program, FQHCs that serve Medicaid patients are finding it increasingly important to enter the managed care arena.

Primary Health Care for Underserved Populations

The health care programs supported by BPHC play a critical role in providing quality care to more than 9 million Americans living in underserved rural, urban and frontier locations.

The primary care infrastructure supported through the BPHC is an important provider of care to individuals regardless of their insurance status. As of mid-1995, more than 40 percent of those served by BPHC-supported programs had no health insurance coverage; 38 percent were covered by Medicaid; and 10 percent were covered by Medicare. More than 63 percent of patients were living below the poverty level. Infants, children and adolescents represented 44 percent of those served, while women of child-bearing age made up 30 percent.

"The information we have learned ... makes us feel more confident talking with managed care plans. We know what tough questions to ask."

*Kayla West, Executive Director,
Indiana Primary Care
Association*

FQHCs provide these underserved populations with high quality, culturally sensitive primary health care that would otherwise not be available to them.

Medicaid Revenues and Managed Care

As of mid-1995, more than 34 percent of the revenue for health care programs supported by BPHC came from Medicaid reimbursements. As states implement mandated managed care arrangements for their Medicaid beneficiaries, the continued ability of FQHCs to serve Medicaid patients will depend upon whether they can participate in the new managed care arrangements being developed by the states. The participation of health centers in managed care is critical to ensure Medicaid patients continued access to providers they have come to rely upon and trust for high quality care.

Likewise, without the financial support that comes from Medicaid reimbursement, many FQHCs currently serving underserved areas may be forced to close, leaving thousands of communities and millions of uninsured Americans without access to comprehensive primary and preventive care.

The number of states that are moving from fee-for-service to mandated managed care programs for Medicaid patients continues to grow. As more and more states change the way in which care is provided to Medicaid patients, it is of utmost importance that health centers in those states be able to participate in those managed care arrangements.

The Growth of Managed Care in FQHCs

In response to state Medicaid managed care programs, FQHC participation in managed care is accelerating.

- ◆ Over the last ten years, through the end of 1994, the number of prepaid enrollees in FQHCs increased 148 percent — to 566,000.
- ◆ For health centers participating in prepaid managed care, a variety of arrangements exist.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) provide primary health care to people living in urban or rural areas with a shortage of health services. FQHCs offer patients access to comprehensive “primary health services” including diagnostic laboratory and radiology services; preventive health care, including children’s eye and ear examinations, perinatal services, well-child care, and family planning; emergency medical services; transportation services; preventive dental services; pharmaceutical services; and case management. Many centers provide supplemental services like home health care, rehabilitative assistance, mental health care and ambulatory surgery.

- Many subcontract with HMOs or other managed care entities.
 - Several are creating new managed care networks that will become HMOs or will contract with managed care entities.
 - A few operate as their own HMO or health plan.
 - Some contract with state Medicaid agencies for primary care.
- ◆ As of mid-1995, there were almost 150 managed care networks in development or operation, involving more than two-thirds of the nation's community and migrant health centers.
 - ◆ In the Fall of 1995, 20 HMOs were operated by 120 FQHCs.

A Comprehensive Managed Care Program

To help Federally Qualified Health Centers, the NHSC and other BPHC-supported health care programs develop, implement and participate in managed care arrangements, the Bureau has developed a comprehensive managed care program providing training, technical assistance, supplementary grant support, and unique access to senior executives in the managed care industry.

The Bureau's Managed Care Program is designed to give health centers and NHSC providers the technical skills and know-how to successfully operate in the managed care arena, encourage federal and state actions and policies supportive of FQHCs, and stimulate joint planning and collaborative work among a broad range of agencies and public and private providers serving underserved populations.

The BPHC Managed Care Program includes:

"The training was invaluable because the Bureau brings in expertise that wouldn't be available to us.... This has really helped us build partners in our communities."

Kathy Grant Davis, Executive Director, New Jersey Primary Care Association

- ◆ **Access to senior managed care industry executives** who can provide training, advice and assistance in implementing managed care.
- ◆ **Training in managed care operations and procedures** for health center staff and others active in the delivery of health care services to the underserved.
- ◆ **On-site technical assistance**, provided by experienced managed care experts, for health centers working to develop and implement efficient, effective managed care programs.
- ◆ **Network development** assistance that supports the planning, development and operation of integrated service networks.
- ◆ **Self-assessment tools** to help health centers evaluate their own present operations and more effectively plan for and participate in the managed care arena, including the assessment of contracting, market analysis and internal operations.
- ◆ **Collaborative initiatives** with other federal agencies and with state and local governments, local health departments, nonprofit organizations, private sector providers, and others involved in helping underserved and vulnerable populations get access to care.
- ◆ **Research and data evaluation** on the impact of managed care on BPHC-supported programs and their effectiveness under managed care arrangements.
- ◆ **Publications** providing useful information and practical guidance on a wide range of managed care issues, policies and procedures.

As managed care moves forward, the Managed Care Program of the Bureau of Primary Health Care will continue to play a key role in assisting and supporting health centers as they implement effective programs.

“With managed care there are so many ins and outs; it’s good to have something that brings all the pieces together.”

Thomas Miller, MD, Director of Family Health Services, Alabama Department of Health

BPHC Managed Care Program

Drawing upon the expertise of senior executives from the managed care industry, the Bureau's Managed Care Program is oriented towards enhancing understanding, upgrading staff skills, developing appropriate operational and data management structures, and helping BPHC health care providers operate and participate in managed care programs at the local and state level. It is also designed to encourage and support new, collaborative efforts involving FQHCs, NHSC providers, private sector providers, and state and local agencies to give people in underserved areas continued access to quality care and to expand the managed care capacity in underserved areas.

Access to Senior Level Managed Care Industry Executives

One of the great strengths of the BPHC Managed Care Program is its ability to connect FQHCs with senior executives in the HMO industry. These experienced executives understand the impact of transitioning from fee-for-service to a managed care system. They include CEOs, medical directors, financial officers, management information specialists and other top HMO executives, as well as experienced, senior-level managed care consultants. Utilizing their expertise, the Bureau is able to target assistance to critical areas where health centers need systems, and support to develop operating programs.

"Having presenters who actually work in managed care plans is particularly effective because they were able to present illustrations from their own personal experience."

Scott Otterbein, Director, Office of Consultation, Region III, Public Health Service

Training

The Bureau's managed care training program, developed in collaboration with the National Association of Community Health Centers, has been carefully designed to meet the specific needs of health centers and NHSC providers serving underserved populations. Led by experts in the managed care industry, the program provides critical training for health center staff as they implement managed care arrangements and negotiate contracts with managed care programs in their area.

Through a combination of lectures, roundtable discussions, case studies and hands-on workgroups, the training programs provide participants with specific skills and technical information critical to providing care in a managed care environment.

Targeted Audiences

BPHC's managed care training programs have been developed for the staff of Bureau-supported programs and others who are involved with the delivery of health care to underserved populations. This includes the staff of:

- ◆ Health centers operating under the Community and Migrant Health Center, Health Care for the Homeless, and Public Housing Primary Care Programs
- ◆ Other health centers serving underserved populations (e.g., "FQHC look-alikes")
- ◆ Ryan White Title III(b) - HIV Early Intervention Services
- ◆ NHSC providers
- ◆ Integrated Service Networks
- ◆ State and Regional Primary Care Associations
- ◆ State Cooperative Agreement contacts
- ◆ State and local health departments
- ◆ Other federal, state and local agencies

"The training was a catalyst to get our state and county health departments together to define what will be our position in a managed care system."

Thomas Miller, MD, Director of Family Health Services, Alabama Department of Health

"The trainings have improved our linkages with other organizations. We realize there are a lot of partners out there. It has catalyzed our work with rural health clinics. We are now looking at developing a network of essential providers."

Kayla West, Executive Director, Indiana Primary Care Association

“The presenters helped us see opportunities under managed care for our health centers to grow and serve more people. They took the fear out of managed care.”

Rick Wilk, Regional Program Consultant, Region V, Public Health Service

“After attending the training of Fiscal Implications of Managed Care, I hired a new Financial Officer. I realized that you just can't keep on with business as usual; you need to have someone who is open to change.”

Marilyn Bennett, Executive Director, Horizon Health Center, Jersey City, New Jersey

Drawing on Experts in the Field

In all cases, training is provided by senior executives with practical, firsthand experience in the managed care industry. This includes some of the top professionals working in the industry today. The trainers understand the expectations managed care health plans have when it comes to providers, as well as the needs of BPHC-supported programs, including their unique mission to serve underserved and vulnerable populations.

The BPHC trainers bring to the training process the kind of experience and skills that led one participant to comment, “When we asked him a question about the HMO position, he didn't have to say he would get back to us with that answer; he pulled it out of his pocket and made a clear and relevant reply.”

A Comprehensive Training Curriculum

The Bureau's managed care training curricula are developed by HMO and managed care executives. In addition to helping health centers implement managed care programs and avoid common pitfalls and mistakes, the BPHC training program is designed to help organizations identify new opportunities for growth and service improvement to meet the needs of the underserved.

BPHC currently offers a vast array of managed care training curricula. More than 62 training sessions were conducted in 1994 and approximately twice that many are scheduled for 1995. Topics include:

- ◆ **Management Information Systems (MIS) Changes for Managed Care** — Highlights critical performance measures for an MIS related to managed care; and presents a framework for assessing system capacity and requirements for data collection and reporting.
- ◆ **Fiscal Implications of Managed Care** — Presents tools for assessing costs associated with managed care;

shows the connection between costs and capitation rate and fee-for-service payments; and reviews how to assess the adequacy of capitation rates and how to create appropriate risk arrangements.

- ◆ **Marketing** — Examines what goes into a successful marketing campaign, including the need to understand market share, identify marketing approaches for Medicaid populations, target market segments, collect and analyze data, and interact with the state Medicaid agency and HMOs.
- ◆ **Managed Care Self-Assessment** — Discusses how centers should use two readiness assessment tools developed by BPHC: the **Managed Care Market Area Self-Assessment Tool** and the **Managed Care Internal Operations Self-Assessment Tool**; and includes a case study to assist participants in applying the assessment tools to their center.
- ◆ **Developing and Operating Networks** — Focuses on the development of a provider delivery system for managed care; reviews key principles in provider contracting, determining capitalization requirements, media relations and sources of capital; and examines the key operating requirements for network effectiveness.
- ◆ **Medical Management: New Clinical Responsibilities and Quality Assurance** — Provides information on the role of the primary care physician and clinical staff in managed care; identifies components of a utilization management program; and discusses the state-of-the-art in quality management based on industry standards.
- ◆ **Negotiating a Managed Care Contract** — Addresses key terms and elements in a managed care contract; discusses how to evaluate a health plan's proposal and how to negotiate rates and financial risk arrangements; and reviews such aspects as termination and renewal

"The high caliber of the training has made us the top quality group doing training on managed care. We are ahead of the hospital association and the medical association in helping providers working with underserved populations."

*Kayla West, Executive Director,
Indiana Primary Care
Association*

clauses, benefits, reinsurance, coordination of benefits requirements and related responsibilities.

- ◆ **The Impact of Managed Care on the Homeless Populations and Healthcare for the Homeless (HCH) Providers** — Covers basic managed care concepts, as well as strategies related to networking with other providers and negotiating contracts with managed care plans. This session focuses on the unique issues of HCH providers in a managed care system and the impact on the organization and the homeless population.
- ◆ **Preparing for Managed Care: Strategies for Ryan White Title III(b) Programs** — Provides information and tools to develop a managed care strategic plan. Fundamental concepts of managed care are addressed, including enrollment, capitation, risk assumption, utilization review and quality assurance. Participants gain an understanding of the rapidly changing health care system and the impact on their programs and people with HIV disease.
- ◆ **Basics of Managed Care** — Focuses on the principal terms and concepts of managed care and the implications for FQHCs. This course provides an overview of the managed care model; identifies key program elements; and covers capitation, risk sharing and contract negotiations.
- ◆ **Community-Based Boards in a Managed Care Environment** — Highlights managed care concepts and terms; discusses changes in organizational incentives resulting from managed care; and reviews financial and legal considerations related to governance and the implications of managed care policy issues and market trends.
- ◆ **Capital Development** — Analyzes various approaches to capital development and the considerations to be addressed under each approach.

“The consultants are outstanding. Their level of expertise is fantastic. They have done their homework in that they certainly understand community health centers.”

*Jerry Ugrin, Executive Director,
Lewis County Primary Care
Center, Vanceburg, Kentucky*

Technical Assistance Services

Technical assistance is a key component of the BPHC Managed Care Program. Here again, BPHC's strong working relationships with senior level executives in the managed care industry gives the Bureau the ability to bring to local provider organizations direct, hands-on assistance from individuals with years of experience in managed care.

Targeted Audiences

Technical assistance services have been provided on-site or by review and comment on proposed contracts and other managed care documents. Among the organizations receiving assistance from BPHC are:

- ◆ Individual FQHCs
- ◆ Newly formed Integrated Service Networks
- ◆ State and Regional Primary Care Associations
- ◆ Groups that include FQHCs along with other health care providers working with vulnerable populations in a particular area.

Drawing on Experts in the Field

By working with managed care professionals with firsthand experience in the development and implementation of programs, BPHC is able to provide practical guidance on virtually all the clinical, financial and general administrative needs of a provider organization. As they work with FQHCs and other providers, these senior executives share their experiences, help identify problems and provide information on how to address them.

Areas of Assistance

While the range of topics addressed by BPHC advisers and consultants is endless, the following are examples of some

"The review was very thorough and identified a number of legal and program issues that were helpful in negotiating a final contract. It gave us a better negotiating position with the county. We intend to use this contract review service as we develop an integrated service network with our local hospital, a non-federally funded health center and private practice physicians in San Joaquin County."

Mike Kirkpatrick, Executive Director, Community Medical Centers, Inc., Stockton, Calif.

“Your [contract] report was wonderful. Your comprehensive explanations were a learning experience for much of my staff who have not been exposed to managed care contracting as yet. Your suggestions about our requiring specific management reports once we are under capitation are appreciated. You obviously have far more experience and insight into managed care than we do at this point and we would rather learn from your wisdom than a bad experience.”

*Muriel C. Hastings,
Administrator, Northern Oswego
County Health Services, Pulaski,
NY*

areas BPHC consultants have worked with various organizations on over the last year:

Systems Development

BPHC consultants help center staff identify clinical, financial, and administrative data requirements; design reports to provide needed data and information; and assess automated information systems to ensure they meet the center’s needs.

Clinical Management

Industry experts work with clinical staff to identify the best ways to manage the care of patients for whom risk is assumed so as to minimize costs while maintaining an appropriate level of care. They provide guidance on HEDIS, credentialing, staffing patterns and referral arrangements. Also included is assistance for monitoring quality assurance and utilization programs in relation to high risk patients and those requiring specialized care.

Managed Care Contract Review

BPHC consultants prepare written reviews of proposed agreements offered to FQHCs by managed care organizations. Areas of the proposed agreement that consultants review include risk sharing, adequacy of capitation and fees, termination provisions and liabilities. FQHCs then use these reviews to assist them in negotiating contracts with managed care organizations.

Network Development

Managed care experts working with BPHC provide on-site guidance to health centers in the development of collaboration and competition strategies, including the identification and assessment of potential partners and likely competitors. They also assist health centers in implementing comprehensive business plans, accessing capital, developing policies and procedures, and negotiating risk-sharing agreements.

Network Support

Integrated Service Networks (ISNs) are one of the ways that FQHCs are positioning themselves to assure they can continue to serve their patients under managed care arrangements. ISNs bring together health care providers on a local, regional or statewide level to provide a broad spectrum of services to a defined population in a managed care system.

In addition to advice, training and technical assistance, BPHC has a supplemental grant program that provides critical financial support to FQHCs interested in forming vertically or horizontally linked Integrated Service Networks. The Bureau's ISN Program funded 29 developing networks in 1994 and made 23 awards to developing networks in 1995.

Vertical and Horizontal Network Integration

Integration among the members of a health care network can occur in a wide range of organizational configurations. Depending on local circumstances, FQHCs moving to implement or participate in managed care programs affiliate their network with an existing managed care plan or develop their own plan.

Horizontally integrated networks link Community and Migrant Health Centers with other primary care providers such as Rural Health Clinics, Health Care for the Homeless Centers, Public Housing Primary Care Centers, local health departments and other providers of primary care in a given area.

In a vertical network, FQHCs operate as part of a network that includes providers other than health centers. This has included, for example, academic medical centers, hospitals, and individual or groups of private speciality practitioners.

Some of the networks under development by FQHCs have become licensed HMOs. Others are contracting with existing HMOs to provide primary care services or primary care and speciality services.

From a clinical service and quality of care perspective, it was helpful for clinicians who attended to understand the industry's benchmarks. They may still be skeptical of managed care, but they are more sensitive to what, when and why community health centers might have to make changes when working with managed care."

Scott Otterbein, Director, Office of Consultation, Region III, Public Health Service

Self-Assessment Tools

To assist health centers in their efforts to participate in managed care, BPHC has developed a series of self-help tools that centers can use to evaluate their current operations, the market in which they operate and proposed managed care contracts.

Market Place Assessment Tool

The ***Managed Care Market Area Self-Assessment Tool*** gives providers a “snapshot” of the threats they face and the opportunities they have at a particular point in time. The user friendly tool is designed to help FQHCs assess the marketplace in which they operate and to identify specific ways to retain and enhance market share.

Operations Readiness Tool

The ***Managed Care Internal Operations Self-Assessment Tool*** provides primary care providers an assessment of their strengths and weaknesses in the areas necessary for managed care operations. This helpful assessment tool is designed to complement the Market Area Assessment Tool and documents operational readiness to contract for managed care, as well as capacity to handle risk in a managed care setting.

Contract Checklist Tool

The ***Contract Checklist for Managed Care*** helps primary care providers assess potential managed care contracts and formulate negotiating positions. The checklist format identifies problem areas where health centers may need to obtain additional information, perform additional analyses to assess the costs or risks being assumed in greater detail or renegotiate terms prior to signing the contract.

“The tool has been very helpful for organizing my thoughts and for assembling information that I intuitively knew, but had not put down on paper. It is useful for both staff and boards who are trying to learn about the managed care process. It is user friendly to a broad range of audiences.”

Susan Wilson, Executive Director, Northwest Health Services, Missouri

Collaborative Initiatives

A wide range of public, private and nonprofit organizations and programs are involved in the national effort to provide vulnerable and underserved populations with appropriate access to quality health care. As managed care delivery systems impact more and more of these organizations, BPHC has reached out to make its expertise and resources available to help others better serve target populations.

This includes collaborative relationships with other federal government agencies, as well as with private sector organizations and state and local governments.

Health Care Financing Administration

Training for Regional Staff — Working with the Health Care Financing Administration (HCFA) and the Public Health Service, BPHC conducted an intensive managed care training program in each of the ten Department of Health and Human Services (DHHS) regional offices. This was a joint effort between BPHC and HCFA's Office of Managed Care.

Medicaid Waivers and Policy Development — BPHC has established a working partnership with HCFA on policy issues related to FQHCs and Medicaid and Medicare managed care. BPHC staff review and comment on section 1915(b) and section 1115 Medicaid waiver requests and work with HCFA on Medicaid waiver policies and special terms and conditions that impact FQHCs and the populations they serve.

Maternal and Child Health Bureau

Another major training effort is underway with the Maternal and Child Health Bureau (MCHB) for state and local maternal

"I'm used to walking away from a lot of conferences without additional information, but not from this one. The presenters fit isolated pieces into a whole and helped us better understand a complex process. It was good for HCFA and PHS to hear the same thing at the same time. They come from different perspectives and have different viewpoints. This exercise was very useful for collaborating."

Candice Burlew, Illinois Medicaid Program Representative, Region V, HCFA

When Florida began enrolling its Medicaid population in managed care organizations, the state was inundated with private HMOs going after the Medicaid market. It appeared that public health providers, the traditional providers for Medicaid patients, were not prepared and were going to lose out.

BPHC and the Florida Department of Health and Rehabilitative Services conducted managed care training sessions for county and district health administrators. As a result, participants started thinking about what they could do in their communities and how they had to change. "It got people thinking about the traditional role of public health and what changes are needed," says LeeAnn Roberts of the Florida Department of Health and Rehabilitative Services.

and child health staff. As part of this effort, BPHC helped MCHB develop a comprehensive training curriculum and identified trainers with significant managed care experience. MCHB now coordinates the training with state maternal and child health departments around the country.

Training for State and Local Health Departments

The Health Resources and Services Administration and BPHC are cosponsoring managed care training for state and local health departments with the Centers for Disease Control and Prevention, the Association of State and Territorial Health Officials and the National Association of City and County Health Officials. This initiative reflects the strong interest on the part of health departments around the country in managed care and its impact on the populations they serve.

Evaluation

BPHC plays a key role in monitoring managed care activities affecting underserved and vulnerable populations and the ways in which they affects service delivery and the quality of patient care. As states implement Medicaid managed care programs, it is critical to have timely data to determine the impact this change has on underserved populations and the health centers that serve them.

Recent Evaluation Studies

The Bureau has commissioned a number of important evaluation studies of how managed care affects FQHCs. These include:

Community Health Centers' Performance Under Managed Care, December 1994, conducted by Lewin-VHI, Inc. and MDS Associates. This study looked at the impact of managed care on seven community health centers using case study methodology and HMO performance data.

This study found that from the HMO perspective, community health centers are cost effective and are important providers in their managed care networks. The HMOs reported that:

- ◆ Community health centers had per member per month costs that were, in general, equal to or less than other providers for physician, ancillary and hospital services.
- ◆ Community health centers were performing as well or better than private primary care providers in their networks.
- ◆ Community health centers' performance, as indicated by utilization statistics or the results of HMO risk pools for specialty care or hospital care, were equal to or better than the comparison group's performance.

Health Centers in Idaho used the BPHC assessment tools as their framework in deciding whether to develop an integrated network. Each participating health center was able to conduct its evaluation without having to hire an outside consultant. In addition to the development of a network, another expected result will be improved operations at a number of health centers, reports Bill Foxcroft, Executive Director of the Idaho Primary Care Association.

“It provided a good basic understanding of managed care and specifically targeted what states can do. Now I don’t have to start from the ground floor. I plan to use the curriculum and tailor it to our constituents.”

Liza Greenberg, Director of Program Development, Association of State and Territorial Health Officials

An Evaluation of the Impact of the Social Security Act Section 1115 Waivers on Federally Qualified Health Centers

is currently underway by Lewin-VHI, Inc. This study explores changes that have occurred under the section 1115 waiver programs and the nature of their impacts on FQHCs. Key areas to be looked at on a state-by-state basis include:

- ◆ How the delivery systems of FQHCs — including access to referral specialists — have been affected by the waiver program.
- ◆ How the financial positions of the centers in the state have been affected by the waiver program and what difference the shift from cost-based reimbursement has on participating FQHCs.

The Impact of 1115 Waivers on Consumers and the Services of FQHCs

is a current study looking at the impact of Medicaid waivers on FQHCs and the patients they serve.

This study focuses on:

- ◆ The impact of the waiver program on patients traditionally served by FQHCs.
- ◆ The impact of the waiver on an FQHC's financial position and delivery system.
- ◆ The response by FQHCs to the waiver program.

Publications

BPHC's Managed Care Program has published a number of documents and publications providing reliable and useful information about managed care for health centers and others involved with providing care to medically underserved populations. These publications offer practical guidance and state-of-the-art information and include:

- Contract Check List for Managed Care for Federally Qualified Health Centers** (1995)
- Integrated Service Networks and Federally Qualified Health Centers** (1995)
- Community Health Centers Performance Under Managed Care: Executive Summary** (1994)
- Managed Care Market Area Self-Assessment Tool for Federally Qualified Health Centers** (1994)
- Managed Care Internal Operations Self-Assessment Tool for Federally Qualified Health Centers** (1994)
- A Health Care Quality Improvement System for Medicaid Managed Care** (1993)
- A Manual for Negotiating with Managed Care Plans** (1992)
- Financial Management Systems for Prepaid Programs** (1990)
- Claims Liability Management in Health Maintenance Organizations** (1989)
- Community and Migrant Health Centers Critical Performance Measures for Prepayment** (1989)
- Medicaid and Prepayment: A Bibliographic Essay** (1988)

When rural health centers in Missouri got together last year to consider developing a network, BPHC assessment tools provided the framework for their evaluation. As a result, the rural Missouri network is seeking funding and further development. The data they got from the assessment is being used as supporting documentation in their approach to the state health department and private foundations, says Susan Wilson, Executive Director, Northwest Health Services, Missouri.

"The process of completing the assessment started people thinking about managed care. Since doing this, the centers in our state have come together more so and are serious about forming a network."

*Bill Foxcroft, Executive Director,
Idaho Primary Care Association*

**Preparing for Prepaid Health Services - A Challenge
for Community Health Centers (1986)**

These publications can be ordered from the National Clearinghouse for Primary Care Information, 8201 Greensboro Drive, Suite 600, McLean, VA 22101. Telephone: (703) 821-8955, ext. 248.

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The Bureau of Primary Health Care

The Bureau of Primary Health Care (BPHC) is located in the Health Resources and Services Administration, one of eight agencies of the Public Health Service in the U.S. Department of Health and Human Services. Programs supported by BPHC include:

The **Community and Migrant Health Center Program** provides comprehensive, community based primary and preventive services to more than 7 million people living in underserved areas. These centers offer diagnostic laboratory and radiological services, emergency medical services, pharmaceutical services, referrals to substance abuse and mental health programs, risk assessment, individual and community prevention and health education.

The **Health Care for the Homeless Program** delivers basic health services to more than 420,000 homeless individuals.

The **Public Housing Primary Care Program** provides access to primary care services to residents of public housing units, with children making up more than half of the 500,000 people served. This is a collaborative effort with the federal Department of Housing and Urban Development, the Centers for Disease Control and Prevention, and the Office of Minority Health, as well as local community and school-based organizations.

The **Ryan White Title III(b) Programs** provide early HIV intervention, case management and clinical services to 176,000 individuals in low-income, medically underserved, hard-to-reach populations.

The **National Health Service Corps** provides scholarships and loan repayment awards to physicians, nurse practitioners, physician assistants, nurse midwives, and dentists who agree to serve in underserved communities for a minimum of two years.

The **Native Hawaiian Health Care Program** offers support to five Native Hawaiian health systems providing health promotion, preventive and primary care services.

The **Pacific Basin Health Initiative** targets specific health problems and assists in the development of health systems in the six U.S. associated Pacific jurisdictions.

The **Healthy Schools, Healthy Communities Initiative** is a collaborative effort with the U.S. Maternal and Child Health Bureau to provide primary care services to 24,000 children in 27 school-based centers.

The **Comprehensive Perinatal Care Program** provides comprehensive perinatal care and support services to 180,000 underserved women and 75,000 infants, improving pregnancy outcomes and reducing infant mortality.

The **Alzheimers Demonstration Grant Program** delivers respite and supportive care to 2,000 client-families of individuals with Alzheimers Disease and related dementias, with special attention to difficult-to-serve and underserved populations.

The **National Hansen's Disease Program** provides care to 3,000 people with Hansen's Disease, formerly known as leprosy.

BPHC also supports **State and Regional Primary Care Associations** as a way to enhance and strengthen collaboration among state and local governments and community based providers of care to underserved populations.



Bureau of Primary Health Care

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